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AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/539,558
Filing Date	June 17, 2005
First Named Inventor	Yitzchak Hillman
Art Unit	1654
Examiner Name	Kusser
Attorney Docket Number	HILLMAN1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR


☐ I hereby appoint the practitioners associated with the Customer Number:☒ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Yitzchak Hillman		
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	YITZCHAK HILLMAN		
Date	5TH JUNE 2008	Telephone	972-2-6542052

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Confirmation No. 9264
Yitzchak Hillman)	Art Unit: 1654
I.A. Filing Date : 12/21/2003)	Examiner: Kosar Andrew D
371 (c) Date : June 17, 2005)	Date: May 29 th 2008
U.S. Appln. No. 10/539,558)	Att. Docket: HILLMAN 1
For: DISEASE TREATMENT VIA)	
ANTIMICROBIAL PEPTIDE...)	

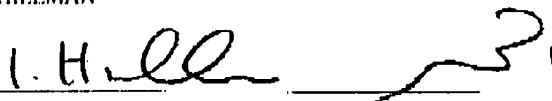
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Application Number Filing Date First Named Inventor Art Unit Examiner Name Attorney Docket Number		10/30/08 June 17, 2009 Vincent H. Hinton 1706 Kimp WILLMAN
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